

CHILD DEVELOPMENT SERVICES
Fort Sill, Oklahoma

NOTIFICATION OF ABSENCE

Full-Day ☐ **Part-Day** ☐ **B/A Kindergarten**
(Indicate which Program)

SPONSOR'S NAME	DUTY PHONE
CHILD'S NAME	AGE

Request cancellation of _____ reservation from _____ to _____ . (Program Name) (Date) (Date)
Child will return on _____ . (Date)

I agree to make the following payment to hold my child care space for the dates indicated below.

Money Amount	From Time	Date	To Time	Date
\$				
\$				

This adjusted amount is required prior to absence, and not later than _____, and will guarantee the availability of a child care space on _____. I understand I must request a reservation on a space-available basis to receive child care during the cancelled period stated above.

Submit this form at least 48 hours (Monday-Friday, 0530-1800) prior to the first day of absence. (Telephonic cancellations will not be accepted.) Credit leave adjustments to monthly rate may be made if this form is processed and payment made prior to absence.

REMINDER: Child care fees are due by the first working day of the month. If this notification of absence has not been processed by the Center and payment not received by the 15th of the month, we will cancel the child care contract. We will charge a termination of services fee. Credit leave will not be used.

CDS' Signature	Patron's Signature
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Approval Date
